

Business Reactivation

MicrositeFinance



Primary Image Placement: Left

CategoriesForms, Permits, and Applications

Thank you for using this online form.

This form should be completed by businesses that wish to reactivate their business licenses.

Upon receipt of this form, your business license file will be updated to reflect that your business is reactivated.

If you have any questions, please email [Sandy Leitzel](#).

Thank you.

Business Name: *

Owner Name: *

Business License Number: *

Business Address: *

Date Out of Business: * Year20092010201120122013

MonthJanFebMarAprMayJunJulAugSepOctNovDec

Day12345678910111213141516171819202122232425262728293031

Date Back in Business: * Year20092010201120122013

MonthJanFebMarAprMayJunJulAugSepOctNovDec

Day12345678910111213141516171819202122232425262728293031

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